

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01-01-01-02

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a)(27) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 9

Attachment 3.1-B page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A page 9

Attachment 3.1-B page 8

10. SUBJECT OF AMENDMENT:

Program Memorandum Transmittal 01-02 - services provided in religious nonmedical health
care institutions

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David J. Zentner

14. TITLE:

Director, Medical Services

15. DATE SUBMITTED:

July 5, 2001

16. RETURN TO:

David J. Zentner
Director, Medical Services
North Dakota Department of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

July 11, 2001

18. DATE APPROVED:

8/2/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK July 5, 2001

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment

TN No. 01-012

Supersedes

TN No. 00-011

Approval Date 8/2/2001 Effective Date 7/1/2001

State/Territory: North Dakota

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)
☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- b. Transportation.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Services provided in Religious Nonmedical Health Care Institutions.
☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.
- c. Reserved
- d. Nursing facility services for patients under 21 years of age.
☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
- e. Emergency hospital services.
☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

* Description provided on attachment

TN No. 01-012
Supersedes
TN No. 00-011

Approval Date 8/2/2001 Effective Date 7/1/2001